Department of the Treasury - Internal Revenue St. U.S. Individual Income Tax		(99) 2020	ОМ	B No. 1545-0074	Note - Fle pet	t write or staple in	this source		
Filing Status Single X Married filing jointly	1	no separately (MES)	Head of				Titla apace.		
Check only If you checked the MFS box, enter the name							on is		
one box. a child but not your dependent.						, , , ,			
Your first name and middle initial	Last na	me			Yours	ocial security	number		
JOSEPH R.	BIDE	N JR.							
If joint return, spouse's first name and middle initial	Last na				Spouse	e's social secu	rity number		
JILL T.	BIDE	V							
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							your		
City, town, or post office. If you have a foreign address, also complete spaces below.					go to t	r social security number use's social security number sidential Election Campaign ck here if you, or your use if filing jointly, want \$3 to to this fund. Checking a box w will not change your tax or nd. X You X Spouse cy? Yes X No			
Foreign country name Foreign province/state/county Foreign postal code					relatio	X You X Spouse			
At any time during 2020, did you receive, sell, send, e	xchange, o	otherwise acquire	any financ	ial interest in any virtua	 currency	? Yes	X No		
Standard Someone can claim: You as a depe	102-11	Your spouse as a d			· carrer y		P		
Deduction Spouse itemizes on a separate ret									
Deduction Opodose Romazoo on a soparato rot	annor you v	voro a dadi otatao a	1011						
Age/Blindness You: X Were born before January 2, 19	56 П Аге	blind Spouse:	X Was ho	n before January 2, 1956	Isbl	lind			
Dependents (see instructions):	50 11740	(2) Social security		(3) Relationship to you			structionsh		
If more /// Eject name Last name	ne	(L) Social security	number	(0) helationship to you	Child tax				
than four (1) rist harrie Last har	10				- 11		П		
ents, see					- 1				
instr. andcheck									
here)					
1 Wages, salaries, tips, etc. Attack	Form(a) M/	2		STMT 1	1	213	681		
Attach 2a Tax-exempt interest	2a	4			2b				
Sch. B if 3a Qualified dividends	3a			ry dividends	3b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
required	4a				4b				
4a IRA distributions	5a	260,233.			5b	253	0.35		
5a Pensions and annuities	6a	53,925.			6b				
6a Social security benefits Standard 7 Capital gain or (loss). Attach Sc					7	4.	,,,,,,,,,		
Deduction for -				The second secon	To the second	9.0	25/		
Other income from Schedule 1, Single or Married				********************	9				
filing separately, \$12,400 Add lines 1, 2b, 3b, 4b, 5b, 6b,	7, and 8. II	ils is your total inco	me	Maxibalia di Antonio	9	007	, 550.		
Adjustments to income.			10a						
jointly or Qualifying b Charitable contributions if you take									
widow(er).					40-				
Head of					10c	607	,336.		
household, Subtract line 10c from line 9. In					11		, 057.		
If you shocked				************************************	12		,057.		
any box under 13 Qualified business income dedu					13		5,057.		
Deduction, 14 Add lines 12 and 13					14	50	,057.		
15 Taxable income. Subtract line		11.			15	EE1	279		

Form 1040 (2020)	JO	SEPH R. BIDEN JR. & JILL T. BIDEN			Page 2
	16	Tax (see instructions), Check if any from Form(s): 1 8814 2 4972 3		16	142,538.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	142,538.
	19	Child tax credit or credit for other dependents		19	
	20	Amount from Schedule 3, line 7		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	142,538.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23	14,876.
	24	Add lines 22 and 23. This is your total tax		24	157,414.
	25	Federal income tax withheld from:			
	а	Form(s) W-2 25a	116,751.		
	b	Form(s) 1099 25b	44,451.		
	c	Other forms (see instructions) 25c	/		
	d			25d	161,202.
	26	0000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************	26	101,202.
 If you have a qualifying child, 	27	Earned Income credit (EIC)	***************************************	20	
altach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812 28			
 If you have nontaxable 	29	American opportunity credit from Form 8863, line 8			
combat pay, see instructions	30	Recovery rebate credit. See instructions 30			
and decions			861.		
	31		The second secon	00	861.
	32	Add lines 27 through 31. These are your total other payments and refundable	The state of the s	32	
Refund	33	Add lines 25d, 26, and 32. These are your total payments		33	162,063.
terunu	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount y	CONTROL OF A STATE OF THE PARTY	34	4,649.
Direct deposit?	35a	Amount of line 34 you want refunded to you, If Form 8888 is attached, check h		35a	4,049.
See Instructions	▶ b	Routing number Chec	king Savings		
	1000				
Amount	36	Amount of line 34 you want applied to your 2021 estimated tax 36			
ou Owe	37	Subtract line 33 from line 24. This is the amount you owe now		37	
		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the to 2020. See Schedule 3, line 12e, and its instructions for details.	ixes you owe for		
or dotails on ow to pay, see	00				
structions	38	Estimated tax penalty (see instructions) > 38		-	
Third Party Designee		you want to allow another person to discuss this return with the IRS? See			П
Jesignee		E33	Yes, Complete belo		No
		gnee's Phone	Personal Ident	ification	
	Linde	e WALTER H DEYHLE, CPA no. > er penalties of poury, I declare that I have examined this return and accompanying schedules and statement	number (PIN)	v knowle	arde and hellef they are true
Plan	COLLE	cl, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	has any knowledge.	y Kilowi	If the IRS sent you an Identity
Sign	TOU	signature Date Your occupation			Protection PIN, enter it here
Here		18 Selv 5.11.21 PRESIDENT			(see inst.)
	Cnai	ise's agnature. If a joint return, both must agn. Date Sponse's occupation		_	WW 100
oint return? see instructions.	Spot	AF Date Shortse in a joint return, both must righ			If the IRS sent your spouse an Identity Protection PIN,
eep a copy for		hu T/6. 1. 51121			enter it here (see inst.)
our records.	1	MU 1. / Suder 5.11.21 FIRST LADY			
	are proportion to	e no. Email address	Promo		
uiu	(parer's		PTIN		Check if:
		ER H DEYHLE,	1		
se Only C	PA				Self-employed
ou's				Phone	no.
m's ► GEL	MAN	, ROSENBERG & FREEDMAN		1.	
rm's					Firm's EIN
dutesa					
to to www.irs.g	ov/For	m1040 for instructions and the latest information.			Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

2020 Attachment Sequence No, 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number JOSEPH R. BIDEN JR. & JILL T. BIDEN Part I Additional Income 0. Taxable refunds, credits, or offsets of state and local income taxes 1 1 Alimony received 2a 2a Date of original divorce or separation agreement (see instructions) b Business income or (loss). Attach Schedule C 3 3 4 Other gains or (losses). Attach Form 4797 4 90,854. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 6 Farm income or (loss). Attach Schedule F 6 Unemployment compensation 7 7 Other income. List type and amount 8 8 90,854. Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 Part II Adjustments to Income 10 10 Educator expenses Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach 11 Form 2106 11 Health savings account deduction. Attach Form 8889 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 13 13 Deductible part of self-employment tax. Attach Schedule SE 14 14 Self-employed SEP, SIMPLE, and qualified plans 15 Self-employed health insurance deduction 16 16 17 Penalty on early withdrawal of savings 17 Alimony paid 18a 18a Recipient's SSN b Date of original divorce or separation agreement (see instructions) IRA deduction 19 19 20 Student loan interest deduction 20 Tuition and fees deduction. Attach Form 8917 21 21 Add lines 10 through 21. These are your adjustments to income. Enter here and 22 on Form 1040, 1040-SR, or 1040-NR, line 10a

SCHEDULE 2

(Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

2020
Attachment Sequence No. 02

Name(s	s) snown on Form 1040, 1040-5K, or 1040-NK	Your social security number		
JOS:	EPH R. BIDEN JR. & JILL T. BIDEN			
Part	I Tax			
1	Alternative minimum tax. Attach Form 6251	1		
2	Excess advance premium tax credit repayment. Attach Form 8962	2		
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.	
Part	II Other Taxes	7		
4	Self-employment tax. Attach Schedule SE	4		
5	Unreported social security and Medicare tax from Form: a 4137 b 8919	5		
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form			
	5329 if required	6		
7a	Household employment taxes. Attach Schedule H	7a	14,680.	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b		
8	Taxes from: a Form 8959 b X Form 8960			
	c Instructions; enter code(s)	8	196.	
9	Section 965 net tax liability installment from Form 965-A			
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form			
	1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	14,876.	

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2020

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR.

➤ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 03

Name(s	s) shown on Form 1040, 1040-SR, or 1040-NR			Your social	security number
JOSI	EPH R. BIDEN JR. & JILL T. BIDEN			1	
Part	I Nonrefundable Credits				
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses. Attach Form 2441			2	
3	Education credits from Form 8863, line 19		3		
4	Retirement savings contributions credit. Attach Form 8880			4	
5	Residential energy credits. Attach Form 5695			5	
6	Other credits from Form: a 3800 b 8801 c	1		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-I	NR, line 20		7	0.
Part	II Other Payments and Refundable Credits				
8	Net premium tax credit. Attach Form 8962			8	
9	Amount paid with request for extension to file (see instructions)	******		9	
10	Excess social security and tier 1 RRTA tax withheld	STI	IT 4	10	861.
11	Credit for federal tax on fuels. Attach Form 4136			11	
12	Other payments or refundable credits:				
а	Form 2439	12a			
b	Qualified sick and family leave credits from Schedule(s) H and	74			
	Form(s) 7202	12b			
c	Health coverage tax credit from Form 8885	12c			
d	Other:	12d			
е	Deferral for certain Schedule H or SE filers (see instructions)	12e			
f	Add lines 12a through 12e	Personal President Control Con		12f	A40 2000 M
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040)-NR, line 31		13	861.

For Paperwork Reduction Act Notice, see your tax return instructions. LHA

Schedule 3 (Form 1040) 2020

SCHEDULE A (Form 1040)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16. Name(s) shown on Form 1040 or 1040-SR

- 1	
	Attachment Sequence No. 07
/AUT !	social socurity number

JOSEPH R	. 1	BIDEN JR. & JILL T. BIDEN				
Medical		Caution: Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see instructions)	1			
Dental	2	- 1010 1010 00 0				
Expenses	3	Multiply line 2 by 7.5% (0.075)	3			
	-	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0			4	0.
Taxes You		State and local taxes.				
Paid	a	State and local income taxes or general sales taxes. You may				
		include either income taxes or general sales taxes on line 5a,				
		but not both. If you elect to include general sales taxes instead				
		of income taxes, check this box	5a	72,89	5.	
	t	State and local real estate taxes (see instructions)	5b	17,39	4.	
	(State and local personal property taxes	5c			
		Add lines 5a through 5c	5d	90,28	9.	
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing				
		separately)	5e	10,00	0.	
	6	Other taxes. List type and amount				
			6			
	7	Add lines 5e and 6	4		7	10,000.
Interest You	8	Home mortgage interest and points. If you didn't use all of your home				
Paid		mortgage loan(s) to buy, build, or improve your home, see				
Caution: Your		instructions and check this box				
mortgage interest deduction may be	a	Home mortgage interest and points reported to you on Form 1098. See			999	
limited (see		instructions if limited	8a	15,35	3.	
instructions).	k	Home mortgage interest not reported to you on Form 1098. See				
		instructions if limited. If paid to the person from whom you bought the				
		home, see instructions and show that person's name, identifying no., and				
		address >				
			8b			
	(Points not reported to you on Form 1098. See instructions for				
		special rules	8c			
		Mortgage insurance premiums (see instructions)	8d	45.05	_	
		Add lines 8a through 8d	8e	15,35	3.	
	9	Investment interest. Attach Form 4952 if required. See				
		instructions	9			15 252
		Add lines 8e and 9	T		10	15,353.
Gifts to	11	Gifts by cash or check. If you made any gift of \$250 or more,		20 00	,	CENTER F
Charity		see instructions	11	30,70	4.	STMT 5
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,	0000			
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500	12	1 - 20		
see instructions.	13	Carryover from prior year	13			20 704
	14	Add lines 11 through 13		*******	14	30,704.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualifie				
Thert Losses		disaster losses). Attach Form 4684 and enter the amount from line 18 of that form.	See			
		instructions			15	
Other	16	Other · from list in instructions. List type and amount ▶				
Itemized Deductions						
	_				16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter this amounts in the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 through 16. Also, enter the far right column for lines 4 thr				5 <i>6</i> 057
Itemized Deductions		Form 1040 or 1040-SR, line 12		(++++++++++++++++++++++++++++++++++++++	17	56,057.
Deductions	18	If you elect to itemize deductions even though they are less than your standard				
		deduction, check this box				

SCHEDULE B

Name(s) shown on return

(Form 1040)

Department of the Treasury Internal Revenue Service (99) **Interest and Ordinary Dividends**

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

2020 Attachment Sequence No. 08

Your social security number

JOSEPH R.	. E	IDEN JR. & JILL T. BIDEN			
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Amount	
Interest		property as a personal residence, see the instructions and list this interest first. Also, show that			
interest		buyer's social security number and address			
		SEE STATEMENT 6		5,9	30.
			_		
			1		
			-		
Note: If you					
received a Form 1099-INT,			-		
Form 1099-OID,					
or substitute statement from					
a brokerage firm,					
list the firm's name as the			1		
payer and enter					
the total interest shown on that	2	Add the amounts on line 1	2	5.9	30.
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.			
	0	Attach Form 8815	3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	5,9	30.
	Not	e: If line 4 is over \$1,500, you must complete Part III.		Amount	
Part II		List name of payer			
Ordinary					
Dividends					
Dividends					
			-		
Note: If you			5		
received a Form 1099-DIV or					
substitute					
statement from a brokerage firm,					-
list the firm's name as the					
payer and enter					
the ordinary dividends shown					
on that form.					
	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.	6		
	Not	e: If line 6 is over \$1,500, you must complete Part III.	2		
Part III	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a	a	V	N
		ign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
Foreign	7a	At any time during 2020, did you have a financial interest in or signature authority over a financial ac	count (suc	h	
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See inst	ructions		X
and Trusts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),		
Caution: If		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for	filing		
required, failure to file FinCEN		requirements and exceptions to those requirements			-
Form 114 may result in	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial	al account		
substantial		is located	20 <u>11</u> 200/1842 <u>94</u> 3	-	
penalties. See instructions.	8	During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreig	n trust?		v
027501 11-05-20		If "Yes," you may have to file Form 3520. See instructions		CALLED TO	Δ

Schedule E (Form 1040) 2020

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

JOSEPH	R.	BIDEN	JR.	&	JILL	т.	BIDEN

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ra	[2018](B. 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 19										
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27			e to the a	t-risk or bas	is limitatio	nns a	a prior year unallowed lo	ss fro	m a		
21											
		determination								X No	
_	Soo mondenene perere semplaang		4 * 1 * * 1 * * 1 * 1 * 1 * 1	(b) Enter P for	(c) Check			(e	-	(f) Check if any amount is	
28	(a) Nam	е		partnership; S for S corporation	if foreign partnership	ide		basis	computation required	any amount is not at risk	
۸	GTACOPPA CORP								х		
	Ollicol III coll										
	ıf.										
	-										
	Passive Income a	nd Loss				N	lonpassive Income and	Los	s		
			income			3	(i) Section 179 expense	(k) Nonpassiv	ve income	
	(attach Form 8582 if required)					C					
Α									9(0,854.	
1,000											
29a	Totals								9(0,854.	
b											
30	Add columns (h) and (k) of line 29a						a & 2 (2 m) graph (2 m) 1 (2 m) (2 m)	30	9(0,854.	
28 (a) Name (b) Enter P total partnership. So and Starphilarship. So)								
32	Total partnership and S corporation	on income or (loss).	Combine	lines 30 ar	nd 31		THE OWNER WHEN THE PARTY OF THE	32	9(0,854.	
Pa	rt III Income or Loss From	Estates and Tru	sts								
		/-1	Manna								
33		(a)	ivame					_	(b) Employer identification number		
Α											
В											
_	- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,										
								(f			
	(attach Form 8582 ii requir	reu)	HOIH;	schedule r	-1	112	OIII Scriedule K-1		Scrieduli	e K-1	
Dist											
	in the contract of					-					
34a	Totals				-						
b											
	마음 회사 사이트 전체를 제작하면 되어 여자를 맞게 하는데 하는데 작용하게 맞는데 되었다. 사이트 바다를 보고 있다.								1	1	
		esst Combine lines	25 and 2				**********************	Annua .	7		
	HIV Income or Loss From I	Real Estate Mor	taage	nvestme	nt Cond	duit	s (REMICs) - Resi		Holder		
ra	It IV III III III III			(c) Exce	ss inclusio	nc				e from	
38	(a) Name			from Sch	edules Q,	line		S			
_				20 (000	riot dollor	10)	Schedules G, inte 10				
									- 50		
30	Combine columns (d) and (e) only E	nter the result here a	and includ	te in the tot	al on line	41 be	elow	39			
		THE TOTAL PROPERTY OF	ara moior	30 11110 10.	SAL 011 11.10	7.1.18.5					
Tests.		Form 4835. Also, c	omplete l	ine 42 belo	w			40			
								71.75	90	0,854.	
	[PLECENT BLOOK PROBLEM BENEFIT AND SELECTION OF THE PROBLEM SERVICE AND SELECTION OF THE PROBLEMS AND SELECTION OF THE PROBLE	그렇게 하는데 없는데 하다면서 그리었다. 그렇게 되었다.									
	[전기의 교기에 대한 경기 및 [편집] 이 보고 있다면 가장 아들이 있는 것이 되었다면 하지만 하는데 되었다면 하는데 없다.	김 전하다 강하다. 하나 내내 그렇게 잘 먹었다				42					
43											
	10 하스테일하다. 1 일반이 아니 11일 등 12 시에 되었습니다. 맛요리하는 맛있다고 20 시원을 했다. 하나 1 시간 때문				ywhere						
	on Form 1040, Form 1040-SR, or Fo	rm 1040-NR from all	rental rea	al estate act	ivities						

in which you materially participated under the passive activity loss rules

43

2020 Income from Passthroughs

GIACOPPA CORP I.D. NUMBER:

TYPE: S CORPORATION

ACTIVITY INFORMATION:

GIACOPPA CORP

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

90,854.

TOTAL NONPASSIVE INCOME (LOSS)

90,854.

SCHEDULE H

(Form 1040)

Household Employment Taxes (For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1041.

Department of the Treasury Internal Revenue Service (99) Name of employer

Go to www.irs.gov/ScheduleH for instructions and the latest information.

OMB No. 1545-0074

Nam	e of employer			Social secur	ritv number
				Employer id	entification number
JO	SEPH R. BIDEN JR. & JILL T. BIDEN				14 G 5 1 7 2 - 7 2
	ndar year taxpayers having no household employees in 2020 don't have to cor	nplete this forn	n for 2020.		
Α	Did you pay any one household employee cash wages of \$2,200 or more in 2 under age 21, your parent, or anyone under age 18, see the line A instruction				ouse, your child
	X Yes. Skip lines B and C and go to line 1a.				
	No. Go to line B.				
В	Did you withhold federal income tax during 2020 for any household employee	?			
	Yes. Skip line C and go to line 7.				
	No. Go to line C.				
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2 (Don't count cash wages paid in 2019 or 2020 to your spouse, your child und			ployees?	
	Yes. Skip lines 1a-9 and go to line 10.				
	rt I Social Security, Medicare, and Federal Income Taxes	T	05 252		
1 a	Total cash wages subject to social security tax	The same of the sa	95,252	4 •	
b	Qualified sick and family wages included on line 1a			2a	11,811.
2 a	Social security tax. Multiply line 1a by 12.4% (0.124)			20	11,011.
b	6.2% (0.062)			2b	
С	Total social security tax. Subtract line 2b from line 2a				11,811.
3	Total cash wages subject to Medicare tax	3	95,252		
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	75). 10		4	2,762.
5	Total cash wages subject to Additional Medicare Tax withholding		MAN MONANGEMENT COORSESSES		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)		***********	. 6	
7	Federal income tax withheld, if any			7	
8 a	Total social security, Medicare, and federal income taxes. Add lines 2c, 4, 6, a	and 7		. 8a	14,573.
b	Nonrefundable portion of credit for qualified sick and family leave wages from	Worksheet 3		8b	
С	Total social security, Medicare, and federal income taxes after nonrefundable	credit. Subtra	et line 8b		44 553
	from line 8a				14,573.
d	Maximum amount of the employer share of social security tax that can be def				5,906.
е	Refundable portion of credit for qualified sick and family leave wages from Wo	orksheet 3	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
f	Qualified sick leave wages				
g	Qualified health plan expenses allocable to qualified sick leave wages				
h	Qualified family leave wages				
i	Qualified health plan expenses allocable to qualified family leave wages				
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2			pioyees?	
	(Don't count cash wages paid in 2019 or 2020 to your spouse, your child und No. Stop. Include the amount from line 8c above on Schedule 2 (Form	n 1040), line 7a	. Include the amou		m
	line 8e on Schedule 3 (Form 1040), line 12b. If you're not required X Yes. Go to line 10.	to file Form 10	940, see the line 9	instruction	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Schedule H (Form 1040) 2020

Part II	Federal Une	employment (F	UTA) Tax	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	,									Yes	No	
10 Did y	ou pay unemploym	ent contributions to	only one state? It	f you paid con	tributions to a	credit reduction s	state,		į.			
see in	nstructions and che	ck "No."						######################################	10	X		
,	, ,	mployment contrib	•							X	_	
	_	taxable for FUTA ta				ax?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12	X		
Next: If y	ou checked the "Y	es" box on all the li	nes above, compl	ete Section A.	. d =====lot= Co	etien D						
lf y	ou checked the "N	o" box on any of th	e lines above, skip	Section A an		ection B.						
						DIE						
13 Name	e of the state where	you paid unemploy	ment contribution	18	4 	DE						
44 Cont	ributions poid to us	ur state unemployn	ant fund		14		241.					
		t to FUTA tax						15	1	7.7	755.	
16 FUT	tax Multiply line 1	5 by 0.6% (0.006).	Enter the result he	ere, skip Secti	on B. and go to	o line 25		16			07.	
10 1017	tax. manupiy iino	0 01 0.070 (0.000).	Elitor the rootie in	Section B	on Di ana ga sa							
17 Com	plete all columns be	elow that apply (if yo	ou need more space	ce, see instruc	ctions):							
(a)	(b)	(c)		(d)	(e)	(f)		(g)		(h)		
Name of	Taxable wages (as defined in state act)	State experio		State experience	Multiply col. (b) by 0.054	Multiply col. (b by col. (d)	fro	tract col. m col. (e)) P	Contributions paid to state		
state		From	То	rate				ero or les enter -0	ss, un	unemployment fund		
						<u> </u>	_					
10 40 1						- 1	40					
		4.000001					18					
		of line 18						20				
	H 경기에 있는 HE BURGE (1985) 18 HE	t to FUTA tax (see					20-12 P-2000	21				
		(0.054)										
		19 or line 22										
(If you	u paid state unemp	loyment contributio	ns late or you're ir	a credit redu	ction state, see	e instructions	AF 05-12-11-11					
		*******************						23				
		23 from line 21. Ent		and go to line	25			24				
		hold Employm										
		ne 8c. If you checke					957/12/2005 A	25			73.	
		nd line 25						26	1	4,6	80.	
	ou required to file F							000 <u>2</u> 0 000 0				
LX. Y	ACCOUNTS TO SECURE AND ACCOUNTS TO SECURE	the amount from lin				a. Include the amo	ount, if any	, from	line			
П.		ile 3 (Form 1040), lir			below.							
Part IV		to complete Part IN d Signature - C			d See the line	27 instructions						
		ox if mail isn't delivered to		only in require			A	at., room	, or suite no.			
City, town or	r post office, state, and ZI	P code										
Under penal	ties of perjury, I declare the	at I have examined this so ent fund claimed as a cred	hedule, including accom	npanying statemen	its, and to the best	of my knowledge and b	elief, it is true	, correct,	and complete	No par	t of any	
	rer has any knowledge.	an tand diamed do a dioc	1 100, 01 15 15 50, 45 40	otou nom are payn		,	,					
						>						
Emplo	yer's signature				3 F	Date			10004			
Doid	Print/Type pr	eparer's name	Preparer's	signature	Da	100	neck	Share 1 12 - 4	TIN			
Paid Prepai	ror						If- employe				-	
Use O	I IIII O I I WILLO					F	irm's EIN					
03 0 0							hono no				-	
	Firm's addres	is -					hone no.					
											-	

Form 8960

Department of the Treasury

Internal Revenue Service (99)

Net Investment Income Tax - Individuals, Estates, and Trusts

2020

Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

Attachment Sequence No. 72

	EPH R. BIDEN JR. & JILL T. BIDEN		Tour s	ociai seci	unity number of Env
Par					Savalida
	Regulations section 1.1411-10(g) election		ctions)		
1	Taxable interest (see instructions)			1	5,930.
2	Ordinary dividends (see instructions)			2	•
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,				
	etc. (see instructions)	4a	90,854.		
b	Adjustment for net income or loss derived in the ordinary course of		•		
	a non-section 1411 trade or business (see instructions) STATEMENT 7	4b	-90,854.		
C	Combine lines 4a and 4b	******		4c	0.
5a	Net gain or loss from disposition of property (see instructions)				
b	Net gain or loss from disposition of property that is not subject to				
	net investment income tax (see instructions)	5b			
С	Adjustment from disposition of partnership interest or S corporation				
	stock (see instructions)	5c			
d	Combine lines 5a through 5c		***********	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	******		8	5,930.
Par	t II Investment Expenses Allocable to Investment Income and	d Modifi	cations		
9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b	781.		
С	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	781.
10	Additional modifications (see instructions)			10	NAC LO POLA POR
11	Total deductions and modifications. Add lines 9d and 10		***************	11	781.
Par	t III Tax Computation				
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, con				
	lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	5,149.
	Individuals:	1 1			
13	Modified adjusted gross income (see instructions)		607,336.		
14	Threshold based on filing status (see instructions)		250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	357,336.		- 440
16	Enter the smaller of line 12 or line 15		***************************************	16	5,149.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter h	ere and			100
	include on your tax return (see instructions)			17	196.
	Estates and Trusts:	1 1		412	
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and				
	deductions under section 642(c) (see instructions)	18b		-	
C	Undistributed net investment income. Subtract line 18b from 18a (see				
	instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see	46.			
	instructions)	19b			
С	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		-	
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038).		9	04	
	and include on your tax return (see instructions)	*********	***************	21	Form 9000 (2000)
LHA	For Paperwork Reduction Act Notice, see your tax return instructions.				Form 8960 (2020)

Form 8960

Net Investment Income Tax - Individuals, Estates, and Trusts

2020

DELAWARE - TAXPAYER Your social security number or EIN Name(s) JOSEPH R. BIDEN JR. Part I Investment Income Section 6013(g) election Regulations section 1,1411-10(g) election 887. 1 Taxable interest 2 2 Ordinary dividends 3 Annuities from nonqualified plans Rental real estate, royalties, partnerships, S corporations, 4a Adjustment for net income or loss derived in the ordinary course of 4b a non-section 1411 trade or business Combine lines 4a and 4b 4c Net gain or loss from disposition of property 5a 5a Net gain or loss from disposition of property that is not subject to 5b net investment income tax Adjustment from disposition of partnership interest or S corporation 5c Combine lines 5a through 5c 5d 6 Changes in investment income for certain CFCs and PFICs Other modifications to investment income 7 887. Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 8 State Income Tax Pro-ration for 2020 Income Tax Payments Part II 143,834. 9 State total income 9 10 10 State income tax payments for 2020 2020 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10. Part III State Income Tax Pro-ration for 2019 Estimate Payments Made in 2020 22,500. 12 State estimate payments for 2019 .002496 13 Percent of state income taxes attributable to investment income for 2019 13 56. 2019 state estimate payments attributable to investment income. Line 12 times line 13 14 14 Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2020 Balance of prior years tax plus extension payments paid in 2020 15 15 .002496 16 Percent of state income taxes attributable to investment income for 2019 16 Balance of prior years tax and extension payments attributable to investment income Line 15 times line 16 17 17 Reduction of State Tax Deduction 6,3901 Reduction of state tax deduction 18 18 .002496 Percent of state income taxes attributable to investment income for 2019 19 19 20 161 Reduction of state tax deduction attributable to investment income. Line 18 times line 19 Part VI Total State Income Tax Payments Attributable to Investment Income 21 40. Combine lines 11, 14, 17 and 20, Carry to Form 8960, Line 9 Worksheet, Part III, line 2

Form 8960

Net Investment Income Tax - Individuals, Estates, and Trusts

2020

DELAWARE - SPOUSE Your social security number or EIN Name(s) JILL T. BIDEN Part I Investment Income Section 6013(g) election Regulations section 1,1411-10(g) election 5,043. 1 1 Taxable interest 2 2 Ordinary dividends 3 Annuities from nonqualified plans Rental real estate, royalties, partnerships, S corporations, 90,854. 4a Adjustment for net income or loss derived in the ordinary course of -90,854 a non-section 1411 trade or business Combine lines 4a and 4b 4c 5a Net gain or loss from disposition of property 5a Net gain or loss from disposition of property that is not subject to net investment income tax 5b Adjustment from disposition of partnership interest or S corporation Sc 5d d Combine lines 5a through 5c Changes in investment income for certain CFCs and PFICs 6 7 Other modifications to investment income 7 5,043. 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 State Income Tax Pro-ration for 2020 Income Tax Payments Part II 392,666. 9 9 State total income 33,789. State income tax payments for 2020 SEE STATEMENT 8 10 10 434. 2020 state income tax payments attributable to investment income, line 8 divided by line 9 times line 10 11 Part III State Income Tax Pro-ration for 2019 Estimate Payments Made in 2020 22,500. 12 12 State estimate payments for 2019 013639 Percent of state income taxes attributable to investment income for 2019 13 13 307. 14 2019 state estimate payments attributable to investment income. Line 12 times line 13 14 Part IV State Income Tax Pro-ration for Balance of Prior Years Tax Plus Extension Payments Paid in 2020 15 15 Balance of prior years tax plus extension payments paid in 2020 013639 Percent of state income taxes attributable to investment income for 2019 16 16 Balance of prior years tax and extension payments attributable to investment income. Line 15 times line 16 17 17 Reduction of State Tax Deduction Reduction of state tax deduction 18 18 013639 Percent of state income taxes attributable to investment income for 2019 19 19 20 Reduction of state tax deduction attributable to investment income, Line 18 times line 19 Part VI Total State Income Tax Payments Attributable to Investment Income Combine lines 11, 14, 17 and 20, Carry to Form 8960, Line 9 Worksheet, Part III, line 2

Form 8960 (2020)

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	EMENT 1
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S GIACOPPA CORP	200,000.	115,000.	30,000.		8,537	2,900.
S NORTHERN VIRGINIA COMMUNITY CO	12,681.	1,751.	496.		861	201.
TOTALS	212,681.	116,751.	30,496.		9,398	3,101.

FORM 1040 PENSIONS AND ANNUITIE	ES	STATEMENT 2
OFFICE OF PENSIONS		
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	33,291. 169.	
		33,122.
OFFICE OF PERSONNEL MANAGEMENT	* ;	
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	163,476. 8,029.	
	-	155,447.
VOYA RETIREMENT INSURANCE & ANNUITY CO		
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	3,752.	
	***	3,752.
VOYA RETIREMENT INSURANCE & ANNUITY CO		
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	59,714.	
	-	59,714.
TOTAL INCLUDED IN FORM 1040, LINE 5B	-	252,035.

FORM	1 1040 SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT 3
	CK ONLY ONE BOX: . SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)	
X B	. MARRIED FILING JOINTLY	
C	MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2020	
D	MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2020	
1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR	
-:	FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	
	FORM 1040, LINE 6A	53,925.
	IF YOU CHECKED BOX B: TAXPAYER AMOUNT 35,955. SPOUSE AMOUNT 17,970.	
2	SPOUSE AMOUNT 17,970. MULTIPLY LINE 1 BY 50% (0.50)	26,963.
	ADD THE AMOUNTS ON FORM 1040, LINES 1, 2A, 2B, 3B, 4B, 5B,	
	7 AND 8. IF UNEMPLOYMENT IS EXCLUDED, ADD THE EXCLUSION	
	AMOUNT. IF FILING FORM 8815, DON'T INCLUDE THE AMOUNT FROM	
	LINE 2B. INSTEAD, USE THE AMOUNT FROM SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR	
	RRB-1099	561,500.
4.	ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED	
	INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,	
	OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF	
5	PUERTO RICO THAT YOU CLAIMED ADD LINES 2, 3, AND 4	588,463.
	ADD THE AMOUNTS FROM FORM 1040, LINE 10B, SCHEDULE 1,	300,1001
	LINES 10 THROUGH 19, PLUS ANY WRITE-IN ADJUSTMENTS	
	YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 22	0.
	SUBTRACT LINE 6 FROM LINE 5	588,463.
8 -	ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR	
	\$-0- IF YOU CHECKED BOX C	32,000.
9 -	IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?	
	[] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE	
	TAXABLE. ENTER -0- ON FORM 1040, LINE 6B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR	
	SPOUSE FOR ALL OF 2020, BE SURE YOU ENTERED 'D' TO THE	
	RIGHT OF THE WORD "BENEFITS" ON LINE 6A.	
	[X] YES. SUBTRACT LINE 8 FROM LINE 7	556,463.
10.	ENTER \$9,000 IF YOU CHECKED BOX A OR D,	
	\$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C	12,000.
11	\$-0- IF YOU CHECKED BOX C SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-	544,463.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10	12,000.
13.	ENTER ONE HALF OF LINE 12	6,000.
14.	ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	462,794. 468,794.
	ADD LINES 14 AND 15 MULTIPLY LINE 1 BY 85% (.85)	45,836.
	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	45,836.
	* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 6B	

SCHEDULE 3 EXCESS	SOCIAL SECURITY TAX	WORKSHEET	STATEMENT	4
		TAXPA	YER SPOU	SE
1. ADD ALL SOCIAL SECURITY TO THAN \$8,537.40 FOR EACH ENDER SHOWN IN BOX 4 OF YOUR TOTAL HERE	MPLOYER (THIS TAX SE	HOULD	9,	398.
2. ENTER ANY UNCOLLECTED SOC GROUP-TERM LIFE INSURANCE SCHEDULE 2, LINE 8				
3. ADD LINES 1 AND 2			9,	398.
4. SOCIAL SECURITY TAX LIMIT			8,	537.
5. SUBTRACT LINE 4 FROM LINE TAX INCLUDED IN SCHEDULE		ECURITY ———		861.
SCHEDULE A	CASH CONTRIBUTIONS		STATEMENT	5
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMI	
ST. JOSEPH ON THE BRANDYWINE WESTMINSTER PRESBYTERIAN CHUR MINISTRY OF CARING BEAU BIDEN FOUNDATION ST. PATRICK'S CENTER MORRIS BROWN A.M.E. CHURCH		1,000. 1,500. 2,250. 10,000. 600. 1,000.		
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS IAFF FOUNDATION FOOD BANK OF DELAWARE CRANSTON HEIGHTS FIRE COMPANY	К	3,354. 5,000. 5,000. 1,000.		
SUBTOTALS		30,704.		
TOTAL TO SCHEDULE A, LINE 11			30,	704.

SCHEDULE B	INTEREST INCOME	STATEMENT 6
NAME OF PAYER		AMOUNT
MANUFACTURERS AND TRADE	RS TRUST COMPANY	364.
	RS TRUST COMPANY	24.
MANUFACTURERS AND TRADE	RS TRUST COMPANY	45.
MASSACHUSETTS MUTUAL LI		57.
MASSACHUSETTS MUTUAL LI	FE INSURANCE CO	94.
MASSACHUSETTS MUTUAL LII		34.
PNCBANK, NATIONAL ASSOC	IATION	43.
TD BANK		14.
US SENATE FEDERAL CREDI'	T UNION	1.
WSFS BANK		4,363.
NEW CASTLE COUNTY SCHOOL		1. 11.
MASSACHUSETTS MUTUAL LII	FE INSURANCE CO	16.
TD BANK		742.
INTERNAL REVENUE SERVIC	5	32.
TD BANK TD BANK		89.
TOTAL TO SCHEDULE B, LIN	NE 1	5,930.
FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 7
GIACOPPA CORP		-90,854.
AMOUNT TO FORM 8960, LII	NE 4B	-90,854.
FORM 8960	STATE INCOME TAX PAYMENTS	STATEMENT 8
DELAWARE		
DESCRIPTION		AMOUNT
GIAGODDA GODD		30,000.
GIACOPPA CORP		615
OFFICE OF PENSIONS VOYA RETIREMENT INSURANO	CE C ANNIITUV CO	188.
VOYA RETIREMENT INSURANG VOYA RETIREMENT INSURANG		2,986.
TOTAL TO STATE FORM 896	0, LINE 10	33,789.

DELAWARE INDIVIDUAL RESIDENT INCOME TAX RETURN FORM 200-01

For Fiscal year beginning Your Social Security No. and ending

Spouse's Social Security No.

ATTACH LABEL HERE Your Last Name BIDEN JR. Spouse's Last Name

Jr., Sr., III., elc. First Name and Middle Initial

JOSEPH R.

JILL T.

Spouse's First Name

Jr., Sr., 111., etc.

BIDEN Present Home Address (Number and Street)

Apt. #

City

ZIP Code State

FILING STATUS (MUST CHECK ONE) Married & Filing Separate Forms

Head of Household

F	orm DE2210	If you were a	part-year resid	lent in 2020, give th	e dates you resid	ed in Delaware:						
	Attached			2020		2020	2,	Joint	4. X	Married & Filing Co	mbined Separate on	this form
C		for Spoure	informatio	on, Filing Stat	us 4 only All	other filing	status	es use Colum	n B.	Column A	Colum	ın B
1				COME. Begin Ret						392666	1438	34
2	a. If you ell Filing State in Column	ect the DEL uses 1, 3 & 5 en B; Filing Status	AWARE ST ter \$3250 in Go 4 enter \$3250	ANDARD DED blumn B; Filling State in Column A and in	UCTION chec us 2 enter \$6500 Column B	k here				3,2000		
				MIZED DEDU								
	b. Filing St	tatuses 1, 2,	3 and 5, e	nter itemized d	eductions fro	m Page 2, L	ine 48 i	n Column B	0	28028	280	20
3				leductions from IONS (Not slow by \$2500, If yo opropriate column.						20020	200	29
	Column A	- if SPOUSE wa	s: 65 or over	Blind	Column B	- if YOU were; 6	5 or over	Blind	3			
4				e 2 & 3 and er	nter here				4	28028	280	29
5	. TAXABI	LE INCOME	- Subtract	Line 4 from Lir		npute Tax or	n this ar			364638	1158	05
ь				le/Schedule	2	3050		6627	6			
7					2	3030		0027	7			
			.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m 329)					▶ 8	23050	66	27
9	a. PERSON	AL CREDIT'S Filing Status 4,	Ines 6 and If you are Filin enter the total f	7 and enter he g Status 3, see inst or each appropriate								
					(Table)		olumn B	1	9a	110	1	.10
				of exemptions				_				
9	b. CHECK			0 or over (Colu		Self 60 or o			Oh	110	1	.10
		ber of boxes che								443	1	.10
	**************************************	ed by State of	VA	. (Must attach c						443		
		fighter Co. #						edit amount .				
				(see instructio								
				Form 2441. (
				ee instruction						660	_	200
1	Total No	on-Refundat	le Credits.	Add Lines 9a,	9b, 10, 11, 1	2, 13 & 14 a	nd ente	r here	15	663		20
1	6. BALAN	CE. Subtrac	t Line 15 fr	om Line 8. If L			e 8, ente	er "U" (Zero) .		22387	64	.07
1	Delawar	re Tax Withh	eld (Attach	W2s/1099s)	3	3789			17			
1	Estimate	d Tax Paid &	Payments wi	th Extensions					18			
1	S Corp P	ayments and	Refundable	Business Credits					19			
2	O. Capital G	ains Tax Payr	nents (Att. F	orm 5403)					20			
				ld Lines 17, 18					21	33789		0.77
				eater than Line 2					22	44400	64	.07
				reater than Line						11402		
2	4. CONTR	IBUTIONS	TO SPECIA	AL FUNDS If e	lecting a contr	ibution, comp	lete and	attach DE Sch	edule III .			
				PPLIED TO 20								
2	6. PENALT	TIES AND IN	TEREST D	UE. If Line 22 is	greater than \$	800, see estim	nated tax	instructions E	NTER	▶ 26		
2	7. NET BA For all o	LANCE DUB ther filing st FUND (For F	= (For Filing atuses, ent Filing Status	Status 4, see er Line 22 plus s 4, see instruc otract Lines 24	instructions, Lines 24 and ctions, page 9	page 9) d 26	O DUE/	PAY IN	FULL	▶ 27	4995	

STAPLE W-2 FORMS HERE



COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

	totals to the appropriate marviot	aun coo mornonoch ran	pa, oro aomig ming orate	, , . , . ,		1
		A ADAGO INCOME			Filing Status 4 ONLY Spouse Information	All other filing statuses You or You plus Spouse
MOI	DIFICATIONS TO FEDERAL ADJUSTED	GROSS INCOME			COLUMN A	COLUMN B
SEC	CTION A - ADDITIONS (+)				100110	100000
29.	Enter Federal AGI amount from Federal	1040		29	420440	186896
30.	Interest on State & Local obligations of	ner than Delaware		30		
31.	Fiduciary adjustment, oil depletion					
32.	TOTAL - Add Lines 30 and 31					
33. SEC	Subtotal. Add Lines 29 and 32	420440	186896	33		
34.	Interest received on U.S. Obligations			34		777875279327
35.	Pension/Retirement Exclusions (For a d	lefinition of eligible inc	ome, see instructions)	35	12500	12500
36.	Delaware State tax refund, fiduciary adj	ustment, work opportun	ity tax credit,			
	Delaware NOL Carryforward, etc. · pleas	se see instructions	A,			
37.	Taxable Soc Sec/RR Retirement Benefit	ts/Higher Educ. Excl/Cer	rtain Lump Sum Dist. (S	ee inst:r.) 37	15274	30562
38.	SUBTOTAL. Add Lines 34, 35, 36 and 3	37, and enter here*	STMT	2 38	27774	43062
39.	Subtotal, Subtract Line 38 from Line 33		143834	39		
40.	Exclusion for certain persons 60 and ov		uctions)	40		800200 50000000
41.	TOTAL - Add Lines 38 and 40				27774	43062
42.	DELAWARE ADJUSTED GROSS INCOM	ME. Subtract Line 41 from I	ine 33. Enter here and on Pag	ge 1, Line 1 42	392666	143834
SEC	CTION C - ITEMIZED DEDUCTIONS (MU	JST ATTACH DELAWA	RE SCHEDULE A) If co	olumns A and	dB are used and you ncome.	are
43.	Enter total Itemized Deduction from Del	aware Schedule A (PIT-F	RSA)		28028	28029
44.	Enter Foreign Taxes Paid (See instruction					
45.	Enter Charitable Mileage Deduction (Se					
46.	SUBTOTAL - Add Lines 43, 44, and 45				28028	28029
47.	Enter Form 700 Tax Credit Adjustment				00000	22222
48.	TOTAL - Subtract Line: 47 from Line 46.	Enter here and on Page	1, Line 2 (See instr.)	48	28028	28029
SEC	CTION D - DIRECT DEPOSIT INFORMA checking or savings account, complete	FION If you would like y boxes a, b, c and d belo	our refund deposited di w. See instructions for o	rectly to details		
a.	Routing Number			b. T	ype: Checking	Savings
C.	Account Number				this refund going to or t located outside of the U	. H. H. IN H. H. T. H.
					Yes	No
NOT	E: If your refund is adjusted by \$100.00	or more, a paper chec	k will be issued and m	nailed to the	address on your retu	rn.
,	BE SURE TO S	IGN YOUR RETURN BE	ELOW AND KEEP A CO	OPY FOR YO	UR RECORDS	
Under	penalties of perjury, I declare that I have exam	ined this return, including a	ccompanying schedules a	nd statements,	and believe it is true, co	rrect and complete.
You	r Signature	Date	Signature of Paid Prepai	rer	Da	ate
Spo	use's Signature (if filling joint or combined return)	Date	Address			
Ноп	ne Phone Business	Phone	City		State	ZIP
E-Ma	ail Address		EIN, SSN or PTIN	Business Pho	ne E-Ma	ail Address
D.4.	ANGE DUE W/DAYMENT ENGLOSED /	LINE 07)	DECLIND /LINE 3	00)	ALL O	THER RETURNS

BALANCE DUE W/PAYMEINT ENCLOSED (LINE 27)
DELAWARE DIVISION OF REVENUE
P.O. BOX 508
WILMINGTON, DE 19899-0508

REFUND (LINE 28)
DELAWARE DIVISION OF REVENUE
P.O. BOX 8710
WILMINGTON, DE 19899-8710

ALL OTHER RETURNS
DELAWARE DIVISION OF REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

042011 02-04-21

Schedule

Filing Status 4 ONLY All other filing statuses



2020 R

Names:

Social Security Number:

JOSEPH R. BIDEN JR. & JILL T. BIDEN

COLUMNS: Column A is reserved for the spouse of those couples choosing filing status 4. (Reconcile your Federal totals to the appropriate individual. See Page 9 worksheet.) Taxpayers using filing statuses 1, 2, 3, or 5 are to complete Column B only.

D =		EDITE L ADEDIT SA	D INCOME	TAVEO DAV	TO ANOTHE	DOTATE			Spouse Information COLUMN A		ı plus Spouse UMN B
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10.00	EDULE I - CREDIT FO					- DE Cak	ــا ایمانیا	00_0////		
		instructions and comp				o completii	ng DE Schea	iule I.			
		e credit in HIGHEST to	VA			lame)		1	443		
		imposed by State of	VA	•	naracter state n naracter state n			55	110		
		imposed by State of		•	naracter state n			7.5			
		imposed by State of		•	haracter state n						
		imposed by State of		•	naracter state n						
		imposed by State of r the total here and on I	Docidont Do				h a copy of th				
				· · · · · · · · · · · · · · · · · · ·					443		
	otne	er state return(s) with y	our Delawa	re tax retur	II				110		
DE :	SCH	EDULE II - EARNED II	NCOME TAX	CREDIT (E	ITC)						
Con	nple	te the Earned Income	Tax Credit f	or each chi	Id YOU CLAIM	ED the Ear	ned Income	Credit fo	r on your federal retu	ırn.	
Qua	lifyi	ng Child Information									
7a.	Chi	ld's First Name	7b.	Child's Last	Name		8. Child's S	SSN	9. Chile	d's Date of I	Birth
					c	CHILD 1		СН	ILD 2	CHILD	3
10.		as the child under age 2								A20220020	
	SD	student, and younger th ouse, if filing jointly)?	an you (or yo	Jui 10	O YES	1 6	NO	YES	NO	YES	NO
11.		as the child permanently									992
	du	iring any part of 202:0?			1 YES	1 6	NO	YES	NO	YES	NO
									22		
12.	De	elaware State Income Ta	ax from Page	1, Line 8 (e	nter higher tax	amount fro	m Column A	or B)	12		
							101057		10		
13.		deral earned income cr								,	20
14.		elaware EITC Percentag								.2	.0
15.	M	ultiply Line 13 by Line 1	4					*******	15		
				_							
16.		iter the smaller of Line 1					eturn, Line 14		16		
		instructions on Page 8				attach.					
		EDULE III - CONTRIBI									
See	Pag	ge 13 for a description	of each wor	thwhile fun	d listed below.						
17.	Α.	Non-Game Wildlife		H	DE National Guar	rd			O. Senior Trust Fund		
	В.	Beau Biden Fund		1.	Juvenile Diabetes	s Fund			P. Veterans Trust Fund		
	C.	Emergency Housing		J.	Multiple Sclerosis	s Soc.			Q. Protect DE's Child Fnd		
	D.	Breast Cancer Edu.		K.	Ovarian Cancer F	nd			R. Food Bank of DE		
	E.	Organ Donations		L.	21st Fund for Chi	ildren			S. DE Hab For Humanity		
	F.	Diabetes Education		M.	White Clay Creek				T. B+ Childhood Cancer		
	G.	Veterans Home		N.	Home of the Brav	/e					

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.

Enter the total Contribution amount here and on Resident Return, Line 24



042012 11-10-20

DELAWARE DIVISION OF REVENUE

2020 FORM PIT-RSA

RESIDENT SCHEDULE A · ITEMIZED DEDUCTIONS

NAME(S)		so	CIAL SECURITY N	0.
JOSEPH R.	В:	IDEN JR. & JILL T. BIDEN		
MEDICAL AND DENTAL EXPENSES	1. 2. 3. 4.	Medical and dental expenses Enter amount from Federal Form 1040, Line 11 Multiply Line 2 by 7.5% (0.075) Subtract Line 3 from Line 1. If Line 3 is more than Line 1, enter 0.		
	5.	strate and Local taxes a. State and Local income taxes not claimed as a credit on Form 200-01 (see instructions) b. State and Local general sales taxes (you may include either income taxes or sales taxes, but not both). If you elect to include general sales taxes instead of	_	53
TAXES YOU PAID		income taxes, check this box c. STATE and LOCAL real estate taxes		17394
		 d. STATE and LOCAL personal property taxes e. Add Line 5a through Line 5d f. Enter the smaller of Line 5e or \$10,000 (\$5,000 if married filing separately) 	4	17447 10000
	6. 7. 8.	Other taxes. List type and amount: Add Line 5f and Line 6 Home mortgage interest and points. (If you didn't use all of your home		10000
INTEREST	0.	mortgage loan(s) to buy, build, or improve your home, check this box.) a. Home mortgage interest and points reported to you on Federal Form 1098 b. Home mortgage interest not reported to you on Federal Form 1098		15353
YOU PAID Caution: Your mortgage		(If paid to the person from whom you bought the home, show that person's name, identifying no., and address.)		
interest deduction may be limited.		c. Points not reported to you on Federal Form 1098		
	9.	d. Mortgage insurance premiums e. Add Line 8a through Line 8d Investment interest. Attach Federal Form 4952.		15353
GIFTS TO CHARITY If you made a gift and got a	10. 11.	Add Line 8e and Line 9 Gifts by cash or check. If you made any gift of \$250 or more, see instructions. Gifts other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Federal Form 8283 if over \$500.		15353 30704
benefit for it, see Federal Schedule A instructions. CASUALTY AND THEFT LOSSES	14.	Carryover from prior year Add Line 11 through Line 13 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). (Attach Federal Form 4684 and enter the amount		30704
OTHER ITEMIZED DEDUCTIONS	16.	from Line 18 of Federal Form 4684.) Other deductions. See list in Federal Schedule A instructions. List type and amount:		
TOTAL ITEMIZED DEDUCTIONS	17.	 a. Add Line 4, Line 7, Line 10, Line 14, Line 15, and Line 16. (If filing status 1, 2, 3, or 5, enter this amount on Form 200-01, Line 43, Column B.) b. If filing status 4, allocate itemized deductions here and enter in the appropriate columns on Form 200-01, Line 43 (see instructions). 	(A) 28028	56057 (B) 28029
	18.	If you elect to itemize deductions even though they are less than your standard deduction, check here. STMT 3 Attach this form to your Delaware State tax return.		

042141 12-17-20

DE 200-01 CREDIT FOR TAX IMPOSED BY OTHER	STATE	STATEMENT	1
STATE OF VIRGINIA, SPOUSE			
DELAWARE AGI (FORM 200-01 OR 200-02, PAGE 1)		392,66	56.
VIRGINIA ADJUSTED GROSS INCOME		12,15	
DELAWARE TAX (FORM 200-01 OR 200-02, PAGE 1)		23,05	50.
TAX IMPOSED BY STATE OF VIRGINIA			13.
"PERCENTAGE FACTOR" = OTHER STATE'S AGI DIVIDED BY D	ELAWARE AGI		
= 12,155. / 392,666.		.0309	955
"PRO-RATA TAX" = DELAWARE TAX TIMES PERCENTAGE	FACTOR		
= 23,050 · X ·030955		71	L4.
AMOUNT OF CREDIT = LESSER OF: (A) DELAWARE TAX			
(B) TAX IMPOSED BY	OTHER STATE		
(C) PRO-RATA TAX			
AMOUNT OF CREDIT, STATE OF VIRGINIA		44	13.
TOTAL TO FORM 200-01, PAGE 1, LINE 10		44	13.
DE 200-01 SOC SEC/RR RETIREMENT/HIGHER EDUC EXCL/LUM	P SUM DIST	STATEMENT	2
DESCRIPTION	SPOUSE	TAXPAYER OR JOINT	
SOCIAL SECURITY BENEFITS	15,274.	30,56	52.
TOTAL TO FORM DE 200-01, PAGE 2, LINE 37	15,274.	30,56	52.

DE 200-01 DELAWARE ITEMIZED DEDUC	CTION WORKSHE	ET STA	TEMENT 3
	SPOUSE	TAXPAYER	TOTAL
1A. MEDICAL EXPENSES, PIT-RSA, LINE 4 B. TOTAL TAXES, PIT-RSA, LINE 7 * C. INTEREST PAID, PIT-RSA, LINE 10 D. CONTRIBUTIONS, PIT-RSA, LINE 14 E. CASUALTY & THEFT, PIT-RSA, LINE 15 F. OTHER DEDUCTIONS, PIT-RSA, LINE 16	5,000. 7,676. 15,352.		10,000. 15,353. 30,704.
TOTAL ITEMIZED DEDUCTIONS	28,028.	28,029.	56,057
*STATE AND LOCAL TAXES MAY BE LIMITED WHI	EN MARRIED FI	LING SEPARATE	

DE	PIT-RSA PIT-RSA	STATE	AND LOCAL	TAX	ES	STATEMENT	4
STA	TE AND LOCAL TAXES		SPOUSE		TAXPAYER	TOTAL	
1.	STATE AND LOCAL INCOME TAXES CLAIMED AS A CREDIT ON FORM 2	200-01		53.			53.
3.	STATE AND LOCAL GENERAL SALES REAL ESTATE TAXES PERSONAL PROPERTY TAXES	TAXES	8,6	97.	8,697.	17,39	94.
5. 6)	8,7 5,0		8,697. 5,000.	17,4	47.
7.	ENTER THE SMALLER OF LINES 6	OR 5	5,0	00.	5,000.	10,0	00.
TO	TAL TO FORM PIT-RSA, LINE 5F					10,0	00.

2020 Virginia Nonresident Income Tax Return

Page 1

Due May 1, 2021

First Name JTLL TBIDEN Souse's First Name (filing Status 2 Orly) MI Last Name Suffix Souse's Serial Security Number Accessed Present Home Address (Number and Street or Rural Route) Vour Birth Date Grown or Post Office State of Residence Important: Name of Virginia City or County in which principal place of business, employment, or income source is located. Amended Return Reason Code Boxes Amended Return Reason Code Boxes Dependent on Another's Return Dependent on Another's Return Merchant Seaman Filing Status Enter Filing Status Code in box below. Filing Status Enter Filing Status Code in box below. Filing Status 3 or 4, enter spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter Spouse's SSNIn the Spouse's Social Security Number box at 100 of form and enter S	Enclose a complete of				ther rec	uired Virginia encl		1	1		
Spouse's First Name (Filing Status 2 Only) Mil Last Name Suffix Spouse's Security Murror Check If deceased	First Name	N	MIL	Last Name			Suffix	Your Social Securit	y Number		
Present Home Address (Number and Street or Rural Route) City, Town or Post Office			r i	BIDEN						dece	aseo
City, Town or Post Office State ZIP Code Spouse Skirth Date (mmdd/yyyy) 11-20-1942	Spouse's First Name (Filing Status 2 Only)		MIL	Last Name			Suffix	Spouse's Social Se	curity Number		1/1
State of Residence Important - Name of Virginia City or County in which principal place of business, employment, or income source is located. City OR	Present Home Address (Nun	nber and Street or R	Rura	l Route)				(mm-dd-yyyy)	06-0	3-1951	
Income source is located. City OR County	City, Town or Post Office				State	ZIP Code			11-2	0-1942	Į.
Check Applicable Boxes Dependent on Another's Return Qualifying Farmer, Fisherman, or Merchant Seaman Dependent on Another's Return Qualifying Farmer, Fisherman, or Merchant Seaman Merchant Seaman ElC Claimed on federal return Seaman Dependent on Another's Return Dependent on Another's Return Dependent on Another's Return Qualifying Farmer, Fisherman, or Merchant Seaman Dependent on Another's Return Exemptions Add Sections 1 and 2. Enter the sum on Line 12. Seawage if You Figure Seawage if You Seawage if You Figure Seawage if You Seawage if You Seawage if You Seawage if You Figure Seawage if You You Seawage if You Seawage if You Seawage if You Seawage if You You Seawage if You Seawage if You Seawage if You Seawage if You You Seawage if	State of Residence				ounty in	which principal pla	ce of bus				ode
1 = Single. Federal head of household? YES 2 = Married, Filing Joint Return - both must have Virginia income 3 = Married, Spouse Has No Income From Any Source 4 = Married, Filing Separate Returns 1 +		Reason	Cod	de	th R	an Shown on 2019 eturn ualifying Farmer, Fis	VA	or EIC (Claimed on	ederal return	
3 = Married, Spouse Has No Income From Any Source 4 = Married, Filing Separate Returns 1	1 = Single.	Federal head of hou	ıseh	old? YES	ninia ina	You Filing	use if Status De		nter the su		
If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name JOSEPH R. BIDEN J 1 Adjusted Gross Income from federal return - Not federal taxable income. 2 Additions from Schedule 763 ADJ, Line 3. 3 Add Lines 1 and 2. 4 Age Deduction (See instructions and the Age Deduction Worksheet). 5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. 6 State income tax refund or overpayment credit reported as income on your federal return. 7 Subtractions from Schedule 763 ADJ, Line 7. 8 Add Lines 4a, 4b, 5, 6, and 7. 9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. 9 If From Line 3. 1 Deduction Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. 9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. 10 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. 11 J + J + J + J = I X \$800 = 800 8 00 8 00 8 00 8 00 8 00 8 00 8 00 9 Virginia Adjusted Gross Income (VaGI). Subtract Line 8 from Line 3. 9 Uriginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. 10 21702 00 11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. 11 0 00 12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. 12 1730 00 13 Deductions from Schedule 763 ADJ, Line 9. 14 23432 00 15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9. 16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only). 16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only). 17 11452 00	4 3 = Married	, Spouse Has No Inc	com	ne From Any Sour			+ [= 1	X \$930 =	93	30
Number box at top of form and enter Spouse's Name JOSEPH R. BIDEN J 1 Adjusted Gross Income from federal return - Not federal taxable income. 1 420440 00 2 Additions from Schedule 763 ADJ, Line 3. 2 00 3 Add Lines 1 and 2. 3 420440 00 4 Age Deduction (See instructions and the Age Deduction Worksheet). 4 Age Deduction (See instructions and the Age Deduction On Line 4b. 5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. 5 15274 00 6 State income tax refund or overpayment credit reported as income on your federal return. 6 Consider the Add Lines 4a, 4b, 5, 6, and 7. 8 Add Lines 4a, 4b, 5, 6, and 7. 9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. 9 405166 00 10 Itemized Deductions from Virginia Schedule A, if applicable. See instructions. 10 21702 00 11 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. 11 00 12 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. 12 1730 00 13 Deductions from Schedule 763 ADJ, Line 9. 14 Add Lines 10, 11, 12 and 13. 15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9. 15 381734 00 16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only). 16 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only). 17 11452 00						or over or ove				Total Sect	ion 2
1 Adjusted Gross Income from federal return - Not federal taxable income. 2 Additions from Schedule 763 ADJ, Line 3. 3 Add Lines 1 and 2. 4 Age Deduction (See instructions and the Age Deduction Worksheet). 5 Enter Birth Dates above. Enter Your Age Deduction on Line 4b. 5 Spouse 4b 5 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. 6 State income tax refund or overpayment credit reported as income on your federal return. 6 Subtractions from Schedule 763 ADJ, Line 7. 7 Add Lines 4a, 4b, 5, 6, and 7. 8 Add Lines 4a, 4b, 5, 6, and 7. 9 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3. 9 Utemized Deductions from Virginia Schedule A, if applicable. See instructions. 10 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. 11 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. 12 1730 on Deductions from Schedule 763 ADJ, Line 9. 13 23432 on Add Lines 10, 11, 12 and 13. 14 23432 on Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only). 15 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16). 17 11452 on	Number box at top of fo	orm and enter Spous			il Securii		+	+ = 1	X \$800 =	80	00
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Va. Dept, of Taxation 2601044 Rev. 06/20 083061 12-16-20

For Local Use

LTD

Your	D FORM 763 Page 2		Your SSN									
JII	L T. BIDEN											
				1/1/4					100		496	00
	Your Virginia income tax withheld. Encl								19a 19b		400	00
19b	Spouse's Virginia income tax withheld.								20			00
20	2020 Estimated Tax Payments.											00
21	2019 overpayment credited to 2020 es								21			00
22	Extension Payment - submitted using F								23			00
23	Credit for Low-Income Individuals or Vi								24			00
24	Total credits from Schedule OSC.								25			00
25	Credits from Schedule CR, Section 5, L								26		496	00
26	Total payments and credits. Add Line								27		400	00
27	If Line 18 is larger than Line 26, enter the								28		53	00
28	If Line 26 is larger than Line 18, enter the								29		- 33	00
29	Amount of overpayment on Line 28 to								30			00
30	Virginia529 and ABLEnow Contribution								31			00
31	Other Voluntary Contributions from Sch								32			00
32	Addition to Tax, Penalty, and Interest fi							*******	02			100
33	Sales and Use Tax is due on Internet, r								33			00
	See instructions.								34			00
34	Add Lines 29 through 33.								١			100
35	If you owe tax on Line 27, add Lines 27						at		35			00
	Line 34 is larger than Line 28, enter the								00			
0.0	www.tax.virginia.gov. Che If Line 28 is larger than Line 34, subtrac	eck fiere ii paying by i	O This is the	o amount to	no DEEL	INDE	D TO V	OLL	36		53	00
36	Direct Deposit section below is not o					JINDL	0101	00.	00 [100
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	Your Bank	Routing Transit Nur	mher		A	A Mur	- l				3	
Dom			moci	Your Bank	Accour	il ratio	nber		т т	100		
No In	estic Accounts Only			Your Bank	Accour	I. ruu	nber					
No Ir	estic Accounts Only International Deposits			Your Bank	Accour		nber					
_	nternational Deposits			Your Bank	Accour			Sources		B - Vi	irginia Sourc	es
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Nor 1 2 3 4 5 5	wages, salaries, tips, etc. Interest income. Dividends. Alimony received. Business income or loss.				1 2 3 4 5 5		A - All S	2681	00 00 00 00	B - Vi		00 00 00 00
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2020 VA Schedule A/CG

Itemized Deductions - Enclose Schedule A with your return, when claiming itemized deductions.

JILL T BIDEN

		1
Filing Status Claimed on Fedleral Return 1 Medical & Dental Expenses	1.	
2 Adjusted Gross Income	2.	420440.
3 Multiply Line 2 by 10%	3.	42044.
4 Subtract Line 3 from Line 1	4.	
5a State and Local Taxes Claiming General Sales Tax	5a.	56785.
5b State and Local Real Estate Taxes	5b.	8697.
5c State and Local Personal Property Taxes	5c.	
6 Other Deductible Taxes - Type & Amount	6.	
Foreign Income Taxes 7 Add Lines 5a, 5b, 5c and 6	7.,	65482.
8a Home Mortgage Int and Points Rep Didn't Use Mortgage	8a.	
8b Home Mortgage int Not Rep	8b.	
8c Points Not Reported 1098	8c.	
8d Mortgage Insurance Premiums	8d.	
8e Add Lines 8a · 8d	8e.	
9 Investment Interest	9.	
10 Add Lines 8e and 9	10.	
11 Gifts by Cash or Check	11.	15352.
12 Other Than by Cash or Check	12.	
13 Carryover From Prior Year	13.	
14 Add Lines 11 through 13	14.	15352.
15 Casualty & Theft Loss(es)	15.	
16a Gambling Losses	16a.	
16b Other - Type & Amount	16b.	
16c Add Lines 16a and 16b	16c.	
17 Add Lines 4, 7, 10, 14, 15, and 16c OR If Deductions Limited, Enter Worksheet Line 12a or 12b	17.	26217.
18 If Your Total on Line 17 was limited, Enter Worksheet Amt Part B Line 15, Otherwise enter Line 5a above	18.	4515.
19 Virginia Itemized Deductions 083151 12-23-20	19.	21702.

FDC Worksheet - Fixed Date Conformity Modifications to Itemized Deductions Complete the FDC Worksheet before completing Virginia Schedule A. Enter the information requested on each line. On the Virginia Schedule A, Medical and Dental Expenses (Line 4), Gifts to Charity (Line 14), and Casualty and Theft Loss (Line 15) may require modification due to fixed date conformity adjustments. These amounts should be recomputed by substituting the amount on Line 5 of this worksheet for the FAGI that you used to compute your federal limitations. Also use the amount on Line 5 of this worksheet instead of Line 1 from Forms 760, 760PY, and 763 when computing Virginia Schedule A, Line 17. 420440 .00 Federal Adjusted Gross Income (FAGI) from federal return .00 Fixed date conformity additions to FAGI 420440 .00 Subtotal, Add Lines 1 and 2 3. .00 Fixed date conformity subtractions from FAGI 4. Fixed date conformity FAGI. Subtract line 4 from line 3 5. LIMITED ITEMIZED DEDUCTION WORKSHEET Part A - Compute Your Itemized Deduction Limitation Complete this worksheet after completing Lines 1-16 of the Virginia Schedule A. All taxpayers must complete Lines 1-11 of this worksheet as though they were residents of Virginia for the entire taxable year. If your filing status is different for federal and Virginia purposes, see instructions. Enter the total amount from Virginia Schedule A, Lines 4, 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 10, 14, 15, and 16c Enter the total amount from Virginia Schedule A, Lines 4, 9, and 15, plus any gambling losses included on Line 16a. .00 2. Subtract Line 2 from Line 1. If the result is zero or less, the limitation does not apply. Stop here and follow the 3. 29049.00 instructions for Line 17 of Virginia Schedule A 23239 .00 Multiply Line 3 above by 80% (0.80) ______ 4. 420440 .00 Enter the total from Line 1 of Form 760, Form 760PY, or Form 763 (or amount from Line 5 of FDC Worksheet) 5. Enter \$326,050 if filing jointly or qualifying widow(er), \$298,850 if head of household, \$271,700 if single, or 326050 .00 \$163,025 if married filing a separate return Subtract Line 6 from Line 5. If the result is zero or less, stop here, the limitation does not apply. Stop here 7. 94390.00 and follow the instructions for Line 17 of Virginia Schedule A 2832.00 Multiply Line 7 above by 3% (0.03) 8. 2832.00 Enter the smaller of Line 4 or Line 8 9. 29049.00 10 .097 Divide Line 9 by Line 10. Enter the result to 3 decimal places 11. Limited Itemized Deduction Total 12. 12a. Resident (Form 760) and Nonresident (Form 763) filers Subtract Line 9 from Line 1 and enter here and on Virginia Schedule A, Line 17. Continue to Part B of 26217.00 the worksheet ______ 12a ____ 12b. Part-Year Resident (Form 760PY) filers Enter only the itemized deductions paid while a Virginia resident on Virginia Schedule A. Use the steps below to compute the amount to enter on Line 17 of Virginia Schedule A if you are subject to the itemized deduction limitation. 1) Enter the total amount from Virginia Schedule A Lines 4, 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 10, 14, 15, and 16c. ____ 1 2) Multiply the total amount from Virginia Schedule A, Lines 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 8e, 14, and 16c (minus any gambling losses reported on Line 16a) by Line 11 _____ 2 ____ 3) Subtract Line 2 from Line 1. Enter here and on Virginia Schedule A, Line 17 _______ 12b ___ .00 Part B - Compute Your State and Local Income Tax Modification 13. Enter state and local income tax from Virginia Schedule A, Line 5a (not to exceed \$10,000 or \$5,000 if married filing separately). Part year residents enter only the amount paid while a resident. For foreign income tax, see

Multiply Line 13 by Line 11 ______ 14 _____

Subtract Line 14 from Line 13. Enter here and on Virginia Schedule A, Line 18 ______ 15 ____

5000 .00 485 .00

4515.00

14.

15.

2020 Schedule INC/CG Report all W-2s, 1099s & VK-1s with VA Withholding

JILL

T BIDEN

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Г					٦
	W	496.			12681.

SSN **VA Withholding Total VA Withholding**

Spouse

You

Total # of W-2s, 1099s & VK-1s

01

496.

JOSEPH R. BIDEN JR. & JILL T. BIDEN

VA 763 SP OTHER INCOME -	SP		STATEMENT
DESCRIPTION		COLUMN A ALL SOURCES	COLUMN B VIRGINIA SOURC
TAXABLE SOCIAL SECURITY BENEFITS		15,274.	
TOTAL TO FORM 763 SP, PAGE 2, LINE 11		15,274.	-